Integrated Health Care Delivery Models For Children With Special Health Care Needs

m of Care Values and Principles Pediatric Managed Care Organization Database administration Risk adjustment and incentive management Technical Assistance and Multiple Locally Based Pediatric Providers **Evaluation Entity** Data analysis at patient, practice, Patient engagement and population levels Multi disciplinary care Testing for meaningful metrics coordination teams Family-to-Family support System progress evaluation and Linkage to accessible reporting Practice transformation /Quality community based services Improvement and supports **Technical Assistance and Training Quality Improvement** regarding special populations Family Driven and Youth Guided

Specialized Health Homes within a **System of Care Framework**

- Locally based multi-disciplinary teams that provide family-to-family support and care coordination services.
- Community collaboration to expand the available service array using a public health approach to promote health optimizing philosophy.
- Accountable oversight that includes meaningful metrics, best practices, and innovative approaches.

Child Health is defined as the extent to which an individual child or groups of children are able and enabled to:

- Develop and realize their potential
- Satisfy their needs
- Develop capacities to interact successfully with their biological, physical, and social environment

Institute of Medicine, 2004



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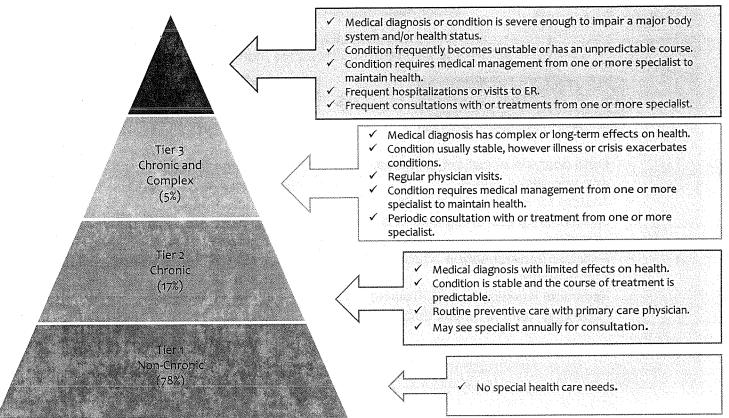
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Iowa's Children with Special Health Care Needs

There are an estimated 150,000 lowa children with **special health care needs** age 18 years and younger (~19%; 1 in 5 children) who are at increased risk of a chronic physical, developmental, behavioral, or emotional condition, and who also require health and related services beyond that required by children generally.

Iowa Household Health Survey, 2010



Specialized Health Homes Provide the Coordination and Support Needed to Assist the Child in Meeting their Optimal Potential.

Specialized Health Homes include:

- A multi-disciplinary team of providers including medical staff who coordinate care and link families to locally based services and supports.
- Family-to-Family Support services to provide peer support and service navigation.
- A strengths based perspective that is individualized and builds on each child and family's informal and natural supports.

A Specialized Health Home is not a building or place of residence; it's an approach to care that provides families with a team of professionals that work together to meet the needs of children and youth with complex needs.

